Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS5086HOS	A. BUILDING _____ B. WING _____	C 01/15/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTENNIAL HILLS HOSPITAL MEDICAL CENTER	6900 N DURANGO DR LAS VEGAS, NV 89149

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Surveyor: 28849 This Statement of Deficiencies was generated as a result of a State Licensure abbreviated survey complaint investigation conducted in your facility on 01/15/09 in accordance with Nevada Administrative Code, Chapter 449, Hospitals. Complaint #NV00023711 was substantiated with two deficiencies cited. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	S 000		
S 267 SS=D	NAC 449.352 Social Services 3. A hospital shall provide to each patient access to related social services based on the assessed needs of the patient. This Regulation is not met as evidenced by: Surveyor: 28849 Based upon interview and record review, it was determined that the facility did not provide social services for one of three sampled patients (Patient Identifier: 1). Severity: 2 Scope: 1	S 267		
S 300 SS=D	NAC 449.3622 Appropriate Care of Patient 1. Each patient must receive, and the hospital shall provide or arrange for, individualized care, treatment and rehabilitation based on the assessment of the patient that is appropriate to the needs of the patient and the severity of the disease, condition, impairment or disability from	S 300		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 300	Continued From page 1 which the patient is suffering. This Regulation is not met as evidenced by: Surveyor: 28849 Based upon record review and interview, it was determined that the facility did not ensure that restraint use was documented per facility policy entitled "Restaints and Seclusion" for one of three sampled patients (Patient Identifier: 1). Severity: 2 Scope: 1.	S 300		